

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

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S.D. SEC. OF STATE

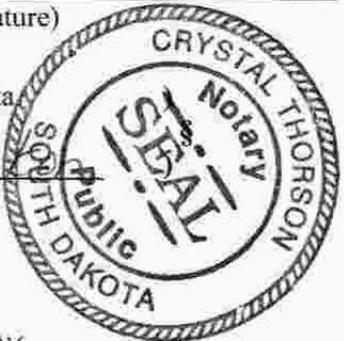
I. TITLE OF NEWSPAPER Kadoka Press		2. DATE 09/25/20
3. FREQUENCY OF ISSUE weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 40 in area/ \$47 out
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 915 Main St./ PO Box 309, Kadoka, Jackson, SD 57543-0309		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)		
On Back of this form.		
6. FULL NAME OF PUBLISHER: Donald Ravellette		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME On Back of this form.		COMPLETE MAILING ADDRESS On Back of this form.
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)		
None.		
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		626
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.		184
2. Mail Subscription (Paid and or requested)		330
3. Paid Electronic Copies		26
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		540
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS		30
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		570
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing		48
2. Return from News Agents		8
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)		626
		628

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature)

State of South Dakota,

County of



(Title)

(Title)

Sworn to before me this 25 day of Sept., 2020

Notary Public

My commission expires: My commission expires March 17, 2021

Owners:

**Ravellette Publications, INC
PO Box 788
Philip, SD 57567-0788**

**Donald Ravellette
PO Box 633
Philip, SD 57567-0633**